



Missouri Department of Public Safety
Victim Services Grant Program Office
Victims of Crime Act

SUBGRANT AWARD REPORT

The purpose of this report is to collect basic information on subgrant recipients and their programs in a manner that is convenient to report and analyze. This report must be completed in full and submitted by the recipient agency (subgrantee) within 30 days from the date of the award. Reports should be sent to the Missouri Department of Public Safety, Victim Services Grant Program, P.O. Box 749, Jefferson City, MO 65102. Failure to submit this report on time may result in funds being withheld.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

1. SUBGRANTEE AGENCY NAME AND ADDRESS

Agency Name: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Telephone: _____

Congressional District of Agency: _____

2. TYPE OF IMPLEMENTING AGENCY (check the appropriate boxes)

a. ☐ Criminal Justice-Government:

- | | |
|---|---|
| 1. <input type="checkbox"/> Law Enforcement | 4. <input type="checkbox"/> Court |
| 2. <input type="checkbox"/> Prosecution | 5. <input type="checkbox"/> Corrections |
| 3. <input type="checkbox"/> Probation | 6. <input type="checkbox"/> Other |

b. ☐ Non-Criminal Justice – Government:

- | | |
|---|--------------------------------------|
| 1. <input type="checkbox"/> Social Services | 4. <input type="checkbox"/> Hospital |
| 2. <input type="checkbox"/> Mental Health | 5. <input type="checkbox"/> Other |
| 3. <input type="checkbox"/> Public Housing | |

c. ☐ Private Non-Profit:

- | | |
|--|--|
| 1. <input type="checkbox"/> Hospital | 4. <input type="checkbox"/> Shelter |
| 2. <input type="checkbox"/> Rape Crisis | 5. <input type="checkbox"/> Mental Health Agency |
| 3. <input type="checkbox"/> Religious Organization | 6. <input type="checkbox"/> Other |

d. ☐ Native American Tribe or Organization:

- | | |
|--|---|
| 1. <input type="checkbox"/> On Reservation | 2. <input type="checkbox"/> Off Reservation |
|--|---|

e. ☐ Other: _____

3. PURPOSE OF VOCA SUBGRANT AWARD: (Check one)

- a. ☐ Start up a new victim services project
b. ☐ Continue a VOCA funded victim project funded in a previous year
c. ☐ Expand or enhance an existing project not funded by VOCA in the
d. ☐ Start up a new Native American victim services project
e. ☐ Expand or enhance an existing Native American project

4. VOCA FUNDING

a. VOCA Funds Awarded: \$ _____

b. State contract number for these funds: _____

c. Project begin date: _____

d. Project end date: _____

5. THESE VOCA FUNDS WILL PRIMARILY BE USED TO: (check one)

- a. ☐ Expand services into a new geographic area
b. ☐ Offer new types of services
c. ☐ Serve additional victim populations
d. ☐ Continue existing services to crime victims
e. ☐ Other

6. FOR THIS VICTIM SERVICES PROGRAM, INDICATE:

- a. Number of paid staff (Full-time equivalents) _____
b. Has the agency received a volunteer waiver? ☐ Yes ☐ No
If no, indicate # of volunteer staff (Full-time equivalents) _____

7. IDENTIFY THE AMOUNT OF THE VOCA AWARD THAT WILL BE USED TO MEET THE PRIORITY AND UNDERSERVED REQUIREMENTS. (TOTAL MUST EQUAL VOCA AWARD AMOUNT)

- | | |
|----------------------------------|----------|
| a. Child Abuse | \$ _____ |
| b. Domestic Violence | \$ _____ |
| c. Sexual Assault | \$ _____ |
| d. Underserved | |
| 1. DUI/DWI Crashes | \$ _____ |
| 2. Survivors of Homicide Victims | \$ _____ |
| 3. Assault | \$ _____ |
| 4. Adults Molested as Children | \$ _____ |
| 5. Elder Abuse | \$ _____ |
| 6. Robbery | \$ _____ |
| 7. Other Violent Crimes | \$ _____ |

8. SUBGRANT MATCH (FINANCIAL SUPPORT FROM OTHER SOURCES)

- | | |
|---------------------------------|----------|
| a. Value of In Kind Match | \$ _____ |
| b. Cash Match | \$ _____ |
| c. Total Match (Sum of 1 and 2) | \$ _____ |

9. PROVIDE THE TOTAL AMOUNTS OF FUNDING ALLOCATED TO VICTIM SERVICES BASED ON YOUR AGENCY'S CURRENT FISCAL YEAR BUDGET.

Funding Sources	Current Year
Federal (Excluding VOCA)	\$ _____
VOCA Funds (Subgrant Award Amount)	\$ _____
State	\$ _____
Local	\$ _____
Other	\$ _____

10. IDENTIFY THE VICTIMS TO BE SERVED THROUGH THIS VOCA-FUNDED PROJECT (VOCA GRANT PLUS MATCH) BY CHECKING THE TYPE OF CRIME (S). (MUST CHECK AT LEAST ONE)

- | | |
|--|---|
| a. <input type="checkbox"/> Child Physical Abuse | g. <input type="checkbox"/> Adults Molested as Children |
| b. <input type="checkbox"/> Child Sexual Abuse | h. <input type="checkbox"/> Survivors of Homicide Victims |
| c. <input type="checkbox"/> DUI/DWI Crashes | i. <input type="checkbox"/> Robbery |
| d. <input type="checkbox"/> Domestic Violence | j. <input type="checkbox"/> Assault |
| e. <input type="checkbox"/> Adult Sexual Assault | k. <input type="checkbox"/> Other Violent Crimes |
| f. <input type="checkbox"/> Elder Abuse | l. <input type="checkbox"/> Other |

11. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT (VOCA GRANT PLUS MATCH).

- | | |
|---|---|
| a. <input type="checkbox"/> Crisis Counseling | h. <input type="checkbox"/> Crim. Just. Support/Adv. |
| b. <input type="checkbox"/> Follow up Contact | i. <input type="checkbox"/> Emergency Financial Asst. |
| c. <input type="checkbox"/> Therapy | j. <input type="checkbox"/> Emergency Legal Asst. |
| d. <input type="checkbox"/> Group Treatment | k. <input type="checkbox"/> Asst. in filing for CVC |
| e. <input type="checkbox"/> Crisis Hotline Counseling | l. <input type="checkbox"/> Personal Advocacy |
| f. <input type="checkbox"/> Shelter/Safe House | m. <input type="checkbox"/> Info/Referral (Telephone) |
| g. <input type="checkbox"/> Info/Referral (In Person) | n. <input type="checkbox"/> Other |